## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne                                                            | # K32303<br>ATES, INC. |                                                                                                 |                                           |                                                         | FILED<br>05 OCT 10 PH 4: 27             |                  |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-----------------------------------------|------------------|-------------------------------|
| % CARL LUN<br>600 SW 98T<br>PEMBROKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               | 3025                   | Mailing Address % CARL LUNETTA 600 SW 98TH TERRACE PEMBROKE PINES, FL 33025  3. Mailing Address |                                           | STORET ST<br>TALLSTANDS                                 |                                         |                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Intarc                                                        | hange Circle 5         | 1144 Interchange Circle S. Suite, Apt. #, etc.                                                  |                                           |                                                         | 10052005 REIN-P                         | CR2E098 (6/0     |                               |
| City & State Miranuar FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                        | City & State<br>Miramar, FL                                                                     |                                           |                                                         | 4. FEI Number<br>65-0069693             | <b>→</b>         | Applied For<br>Not Applicable |
| 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               | Country                | Zip<br>33025                                                                                    | Country                                   |                                                         | 5. Certificate of Status Desired        | \$8.75 A         | Additional                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               | and Address of Current |                                                                                                 |                                           |                                                         | 7. Name and Address of New F            | legistered Agent |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , CARL<br>8TH TERR<br>KE PINES,                               |                        |                                                                                                 |                                           | Name Street Address (P.O. Box Number is Not Acceptable) |                                         |                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                        |                                                                                                 | Ĉi                                        | ly                                                      |                                         | FL Zip C         | ode                           |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Types graphed name of registered agent and tille it applicable (NOTE: Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                                                              |                                                               |                        |                                                                                                 |                                           |                                                         |                                         |                  |                               |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                        |                                                                                                 |                                           |                                                         |                                         |                  |                               |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D                                                             | OFFICERS AND           |                                                                                                 | 11.                                       |                                                         | ADDITIONS/CHANGES TO OFF                |                  |                               |
| NAME STREET ADDRESS CHTY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D Delete LUNETTA, CARL 600 SW 98TH TERRACE PEMBROKE PINES, FL |                        |                                                                                                 |                                           | DRESS<br>P                                              | 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( | Chang            | ge Addition                   |
| FITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                        |                                                                                                 |                                           | DRESS<br>P                                              | 4000604<br>10/10/0501070                |                  | · /— (                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Delete TITLE NAME STREE CITY-                                 |                        |                                                                                                 |                                           | ;                                                       |                                         | ☐ Chang          | ne 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                        | [] Delete                                                                                       | TITLE<br>NAME<br>STREET ADI<br>CITY ST-ZI | 1                                                       | MATERIE                                 |                  | ge Addition                   |
| TITLE NAME STREET ADDRESS CITY - S1 - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                        | □ Delete                                                                                        | TITLE<br>NAME<br>Streef adi<br>City-S1-Z  |                                                         |                                         | ☐ Chang          | ge 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                        | ☐ Delete                                                                                        | TITLE<br>NAME<br>STREET ADI<br>CITY-ST-ZI | 1                                                       |                                         | ☐ Chang          | ge Addition                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    Signature And Type or Printed Name of Signing Officer or Director |                                                               |                        |                                                                                                 |                                           |                                                         |                                         |                  |                               |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                        |                                                                                                 |                                           |                                                         |                                         |                  |                               |